

**Testimony to the Human Services Committee Regarding
Raised House Bill 5355 "An Act Concerning An Advanced Dental Hygiene Practice Pilot Program"**

Lisa Reynolds, Executive Director
Connecticut Oral Health Initiative (COHI)
March 2, 2009

Good morning, members of the Human Services Committee. Thank you for your work on behalf of the people of the state of Connecticut, especially during these times of increasing need and diminishing resources. I am Lisa Reynolds, the Executive Director of COHI, the Connecticut Oral Health Initiative. We are a statewide oral health advocate and our mission is 'oral health for all.' I am pleased to have the opportunity to come before you today to discuss Raised House Bill 5355, *An Act Concerning An Advanced Dental Hygiene Practice Pilot Program*.

Let me begin by stating, unequivocally, that COHI supports increased access to oral health services. Since the settlement of the Carr v. Wilson lawsuit, Connecticut has made tremendous strides in providing oral health care, particularly to children covered by Medicaid. In less than two years we've increased the number of providers in the Connecticut Dental Health Partnership from a few hundred to well over 1,000. That's progress. The Pew Center on the States just gave Connecticut an 'A' grade in their report, **The Cost of Delay: State Dental Policies Fail One in Five Children**. We have every reason to be proud of our efforts to date, and every reason to be motivated to continue that momentum. We need oral health services and we need oral health care providers.

Governor Rell, in her latest deficit mitigation plan, has called for the suspension of non-emergency dental services for adults covered by Medicaid and SAGA. These are the routine, affordable services that actually save money, ensure appropriate care and are matched by federal dollars. Connecticut has already lost opportunities to bring federal funding into our state; we cannot afford to lose any more.

As you ponder the merits of Bill 5355, you may wish to consider these two points. First, while the bill provides a baseline for the parameters of the collaborative management agreement, what would happen in the actual daily practice should a problem arise that the hygienist cannot immediately handle? And the second point is malpractice. Is that risk shared by both the hygienist and the dental management partner, who in turn could become a party to a potential lawsuit?

In closing, COHI applauds the intent of this bill to create a larger pool of qualified oral health care providers, which in turn fosters oral health for all. Equally important is the provision of oral health services, including non-emergency dental care for adults covered by Medicaid and SAGA.

Thank you.

GOT TEETH? Connecticut's Prescription for Oral Health Policy



Erin Havens, MPA
Connecticut Oral Health Initiative, Inc.
February 2010

"Oral health is essential to the general health and well being of all Americans and can be achieved by all Americans."
~*Oral Health in America: A report of the U.S. Surgeon General.*¹

The Silent Epidemic

In 2000, the U.S. Surgeon General released the report *Oral Health in America*. The 332-page report shed light on the

- ✓ the integral role that oral health plays in general health,
- ✓ the profound disparities in oral health, especially among children, the elderly, and racial and ethnic minorities,
- ✓ the financial and social costs of poor oral health,
- ✓ the underutilization of safe and effective disease prevention and treatment measures that can improve oral health and prevent disease, and
- ✓ lack of public understanding and awareness about the importance of oral health.¹

Oral Health and Well-Being

Dental caries, periodontal disease and oral cancers cause pain and disability for millions of Americans each year.^{3,4} Progressive oral diseases can cause teeth to become loose, chewing to become extremely difficult and are the most likely cause for loss of permanent teeth.^{2,4} These oral health conditions commonly affect daily life, making eating, speaking, sleeping and going to work or school difficult.^{1,4}

Oral Health & Chronic Disease:

Heart Disease
Stroke
Diabetes

Osteoporosis and Arthritis
Respiratory Infections
Chronic Obstructive
Pulmonary Disease
Low birth-weight
Premature birth
Lung Disease
Nosocomial Pneumonia

Beyond affecting one's ability to carry out the details of daily life, poor oral health can compromise overall health. Multiple peer-reviewed studies have documented the associations between chronic oral infections and chronic diseases. Poor oral health has been linked to increased risk of heart and lung diseases, stroke, arthritis, osteoporosis,² low birth-weight, premature birth,^{1,2,4} respiratory infections,³ chronic obstructive pulmonary disease, and nosocomial pneumonia.⁴

Associations between periodontal disease and diabetes have also been consistently documented since the 1970s.¹ This oral health and diabetes connection could play a significant role in health complications for Connecticut residents, where more than 6% of the population has a diabetes diagnosis and even more remain undiagnosed.

Access to Oral Health Care

Oral Health in America reported that 108 million people lack dental insurance, compared to 44 million who lack medical insurance. Comparing those with and without dental insurance, those with insurance come out ahead for oral health. Among children, those who are uninsured are 2.5 times less likely to receive dental than insured peers and are 3 times as likely to have unmet dental needs compared to peers.¹ **On average 21% of Connecticut adults did not receive routine dental care in the last year.**⁵

The Financial Burden of Poor Access to Oral Health Care

According to the U.S. Surgeon General's 2000 report, poor oral health leads to tens of billions of dollars in direct medical care plus an additional burden of indirect costs caused by chronic pain conditions. For craniofacial disorders, a minimum of \$100,000 is spent on lifetime treatments. Similarly, treatment costs for oral and pharyngeal cancers are increased due to late diagnosis. Medical treatment costs may also be exacerbated by poor oral health for conditions such as diabetes, cardiovascular disease and other chronic disease due to the intertwined nature of oral and overall health. Furthermore, psychological and social consequences and costs exist for poor oral health.^{1,3}

Not surprisingly, the Department of Public Health report, *Oral Health in Connecticut*, states that, "Oral diseases place a significant burden on the healthcare system in Connecticut and on the public in terms of pain, suffering, poor self-esteem, cost of treatment and lost productivity in school and at work." ² When it comes to loss of productivity nationwide millions of school hours and work hours are lost each year due to poor oral health.

The Financial Benefit of Oral Health Care

Early and routine preventive care, fluoridation, and sealants are proven, cost-effective ways to reduce oral disease and associated costs. Instead of using preventive measures, dental care is often sought on an emergency basis at hospitals for painful toothaches or abscesses. Several studies, summarized by the Children's Dental Health Project indicate the cost-effective nature of preventive treatment compared to emergency department treatment for oral conditions. ⁶

Oral Health & Loss of Productivity in the U.S.

- Children lose 51 million school hours each year to dental-related illness.
- 164 million hours of work each year are lost due to dental disease or dental visits.

-U.S. Surgeon General Report, "Oral Health in America"¹

- Preventive treatment in a dental office costs approximately 10 times less (\$660 versus \$6,498) than managing symptoms related to dental carries on an emergency basis. ^{6,7}
- Regular screening and early intervention saves 7.3% of dental costs. ^{6,8}
- "Low income children who have their first preventive dental visit by age one are not only less likely to have subsequent restorative or emergency room visits, but their average dental related costs are almost 40% lower (\$263 compared to \$447) over a five year period than children who receive their first preventive visit after age one." ^{6,9}
- Per tooth surface, \$66-73 can be saved by using interventions to prevent teeth from needing repair among young Medicaid-enrolled children. ^{6,10}
- Applying sealants to permanent molars can successfully prevent tooth decay for an average of 5-7 years. ^{6,11-13}

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The Connecticut Oral Health Initiative, Inc. is a non-profit organization dedicated to advancing 'oral health for all.' We work with providers, consumers and stakeholders across Connecticut. Contact us at info@ctoralhealth.org.

Got Teeth?

Fast Facts on Oral Health

Far too often a basic truth is overlooked: *the mouth is a part of the body*. By ensuring oral health for all, Connecticut can improve health outcomes **and** stimulate the economy. Oral health is good for jobs and good for people. In 2000, the U.S. Surgeon General released **Oral Health in America**. This 332-page report shed light on these key considerations:

- ✓ integral role oral health plays in general health
- ✓ profound disparities in oral health, especially among children, older adults and racial and ethnic minorities
- ✓ financial and social costs of poor oral health
- ✓ underutilization of safe and effective disease prevention and treatment measures that can improve oral health and prevent disease and
- ✓ lack of public understanding and awareness about the importance of oral health

Simply put, **oral health is a valuable component of public health policy:**

- **Oral health saves money.** *A three-year comparison of Medicaid reimbursement shows that it costs ten times more to treat dental emergencies in the hospital than it does to provide preventive care in a dental office. Regular screening and early intervention saves 7.3% of dental costs. Routine dental care is cheap and effective.*
- **Oral health ensures appropriate care.** *Already over-burdened emergency rooms cannot take the place of appropriate in-office care. Emergency room physicians might not be qualified to diagnose or treat dental conditions. Ironically, patients with dental emergencies may be given limited treatment (pain medication, antibiotics) **and then advised to see a dentist**.*
- **Oral health = HEALTH.** *Since the mouth is a part of the body, oral health should be viewed as an integral component of overall health services. Poor oral health and lack of regular access to dental care are directly related to serious and expensive systemic health conditions and diseases such as heart disease, diabetes, systemic infection, pneumonia, cancers and more.*
- **Oral health and public health.** *Dental caries, an infectious disease that can be transmitted from parents to newborns and young children, can be prevented. Caries is the most common health condition affecting children in America. Parents' use of dental services is a predictor of children's utilization of care.*
- **Oral health and the economy.** *Oral health plays a factor in employability. Connecticut's access to essential health services through Medicaid is augmented by federal dollars. Much of Connecticut's health care industry relies upon Medicaid spending, which impacts jobs and financial security.*

What can you do? Support oral health for all!
Make sure that our state retains oral and dental care services.

Want more information? Contact us for your FREE copy of our jaw-dropping report "Got Teeth?"



About COHI

The Connecticut Oral Health Initiative, Inc. (COHI) is the state's leading oral health advocate. Our mission is oral health for all. COHI uses advocacy, strategic partnerships and education to create a public conscience to result in oral health for all. We invite your participation as a supporter, donor and volunteer.

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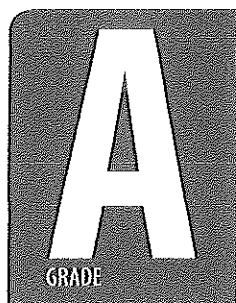
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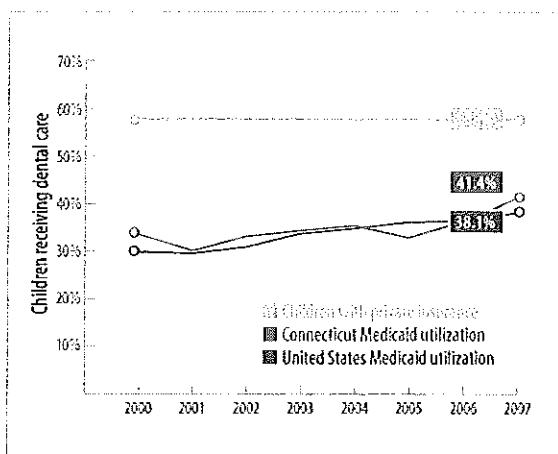
The Cost of Delay: State Dental Policies Fail One in Five Children Connecticut



CONNECTICUT is a national leader, meeting six of eight policy benchmarks aimed at addressing children's dental health needs. The state ranks fourth nationwide on its Medicaid reimbursement rate to dentists, and improvements in that rate have helped expand children's access to necessary services. Children's access to care has been made easier by the state's willingness to allow dental hygienists to provide sealants in schools without requiring a dentist's exam. A team of 10 hygienists, three dentists, four dental assistants and two dental clerks completed 47,000 dental procedures in Hartford—an inner-city school district of 25,000 students—in 2008 alone.¹ Connecticut fails to meet just two targets: Despite the success of the Hartford initiative, less than 25 percent of the state's high-risk schools have sealant programs in place, and the state does not yet authorize new primary care dental professionals.

HOW BAD IS THE PROBLEM?

TOO MANY CHILDREN LACK ACCESS TO DENTAL CARE, WITH SEVERE OUTCOMES. One measure of the problem: more than half of the children on Medicaid received no dental service in 2007.



SOURCES FOR NATIONAL BENCHMARKS: 1) Association of State and Territorial Dental Directors; 2) American Dental Hygienists' Association; 3) Centers for Medicare and Medicaid Services, CMS-416; 4) American Dental Association; 5) Pew Center on the States, National Academy for State Health Policy and American Academy of Pediatrics; 6) National Oral Health Surveillance System.

¹ Pew Center on the States interview with Jill Quast, SAND School Dental Hygienist, Hartford Public Schools, September 10, 2009.

HOW WELL IS CONNECTICUT RESPONDING?

MEASURED AGAINST THE NATIONAL BENCHMARK FOR EIGHT POLICY APPROACHES

	STATE	NATIONAL	MEETS OR EXCEEDS
Share of high-risk schools with sealant programs, 2009	<25%	25%	
Hygienists can place sealants without dentist's prior exam, 2009	Y	Y	✓
Share of residents on fluoridated community water supplies, 2006	88.9%	75%	✓
Share of Medicaid-enrolled children getting dental care, 2007	41.4%	38.1%	✓
Share of dentists' median retail fees reimbursed by Medicaid, 2008	86.5%	60.5%	✓
Pays medical providers for early preventive dental health care, 2009	Y	Y	✓
Authorizes new primary care dental providers, 2009	N	Y	
Tracks data on children's dental health, 2009	Y	Y	✓
Total score	A		6 of 8

Grading: A = 6-8 points; B = 5 points; C = 4 points; D = 3 points; F = 0-2 points

Download the full report and explanatory notes by visiting www.pewcenteronthestates.org/costofdelay.



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